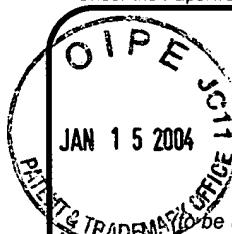


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2632

		Application Number	10/086,253
		Filing Date	03/01/2002
		First Named Inventor	Rincavage
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	

ENCLOSURES (check all that apply)

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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Technology Center 2600
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Second change of attorney for this application	

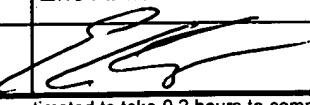
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LaMorte & Associates
Signature	
Date	

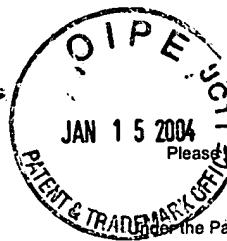
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#3

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/086,253
Filing Date	03/01/2002
First Named Inventor	Rincavage
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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Technology Center 2600

A Power of Attorney or Authorization of Agent is submitted herewith.

OR

Please change the correspondence address for the above-identified application to:

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OR

<input type="checkbox"/> Firm or Individual Name	LaMorte & Associates P.C.			
Address	P.O. BOX 434			
Address				
City	YARDLEY			
Country	US	State	PA	ZIP 19067
Telephone	215 321-6772	Fax	215 321-4595	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Cynthia E. Rincavage
Signature	
Date	10/10/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/086,253
Filing Date	03/01/2002
First Named Inventor	Rincavage
Group Art Unit	
Examiner Name	
Attorney Docket Number	

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<input type="checkbox"/> Firm or Individual Name	LaMorte & Associates P.C.			
Address	P.O. BOX 434			
Address				
City	YARDLEY			
Country	US	State	PA	ZIP 19067
Telephone	215 321-6772	Fax	215 321-4595	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Barbara A. Rincavage
Signature	<i>Barbara A. Rincavage</i>
Date	Dec. 12, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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